Name in Full: Annie Blake.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hillsboro County: Caroline

Date of death 1905: Month: April. Day: 15

Age: Years: 32 Months: 9 Days: 1

Sex: Female. Color or Race: Black. Birthplace: Easton Md.

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: ~~Married~~ Single Name of Wife or Husband: Wm Robinson

Father's Name: Unknown Father's Birthplace:

Mother's Maiden Name: Unknown Mother's Birthplace:

Name of person giving Information: Wm Robinson How related to deceased: Paramour

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Dysentery How long: 2 years.

Immediate: Exhaustion How long: Three months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. A. Miller

Address: Hillsboro Md

Accident or Suicide?

106

LIBRARY BUREAU A63516

Name in Full: Minnie Boston

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Denton — County: Caroline

Date of death 1905 — Month: April — Day: 17

Age — Years: 2 — Months: — — Days: —

Sex: Male

Color or Race: Black

Birthplace: Denton Md

Occupation: None

Where Residing if not at place of death: Denton

Married, Single or Widowed: Single

Name of Wife or Husband: None

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alonzo Boston

Father's Birthplace: Md

Mother's Maiden Name: Manda Boston

Mother's Birthplace: Md

Name of person giving Imformation: Alonzo Boston

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Burns

How long: Few hours

Immediate: Burns

How long: Same

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P R Linkins

Address: Denton Md,

Accident or Suicide? Accident

161

LIBRARY BUREAU A28516

Name in Full: Ella Christopher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Irving Center; County: Caroline

Date of death: Month: April; Day: 21st; 1905; Age: Years: 26; Months; Days

Sex: Female; Color or Race: W; Birthplace: Md

Occupation; Where Residing if not at place of death

Married, Single or Widowed: Married; Name of Wife or Husband: Clarence Christopher

Father's Name: Andrew Beauchamp; Father's Birthplace: Md

Mother's Maiden Name: F. Lusby; Mother's Birthplace: Md

Name of person giving Information: G. Christopher; How related to deceased: Bro-in-law.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Apoplexy; How long: 2 Weeks

Immediate: Probably Enteritis; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Raymond Downes

Address: Preston

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Eliza J Dukes

CERTIFICATE OF D

MARYLAND

Died at: Town: Hynson — County: Caroline

Date of death 1905 — Month: apr — Day: 16 — Age — Years: 65 — Months — Days

Sex: female — Color or Race: white — Birthplace: md

Occupation: housewife — Where Residing if not at place of death

Married, Single or Widowed: married — Name of Wife or Husband: W J Dukes

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Indigestion — How long: 2 days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R Kemp Jefferson

Address: Federalsburg md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full — Certificate of Death

Edward R. Goslin

Died at — Town: Edmondson — County: Carroll — MARYLAND

Date of — Month: April — Day: 21 — 1915 — Age: Y. 71 M. - D. -

Native of: Baltimore, Maryland — Occupation:

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / Widow / Widower / Divorced — Number of children living 1

Husband / Wife of: Emily L. Goslin

Father's Name: Thomas — Mother's Maiden Name: Margaret -

Cause of Death — Primary: Senility — How long sick: 3 days

Immediate: Exhaustion, - Marasmus — Accident, ~~Suicide, Homicide~~

Reported by: Geo. F. Galloway

Address: Edmondson Ave

Must be signed by physician, ~~if any in attendance, otherwise by coroner,~~ undertaker or minister.

LIBRARY BUREAU. 6596B

Name in Full: Le Compt.

CERTIFICATE OF DEATH

MARYLAND

Died at: Hobbs — Town: — County: Carolina

Date of death 1905: April — Day: 24 — Age: ~~Years~~ one hour — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: — Name of ~~Wife~~ or ~~Husband~~:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Thomas J. LeCompt — Father's Birthplace: Md.

Mother's Maiden Name: Nettie May Carroll — Mother's Birthplace: Md.

Name of person giving Imformation: Mary Carroll — How related to deceased: Grandmother

CAUSES OF DEATH

Primary: Asphyxia — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Jas H Ward

Address: Andersontown

Accident or ~~Suicide~~?

LIBRARY BUREAU A88516

Name in Full: Annie Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Willistown (Town) Caroline (County)

Date of death: 1905 April (Month) 29 (Day)

Age: Years 46 Months Days

Sex: Female

Color or Race: White

Birthplace: Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Unknown

Father's Birthplace:

Mother's Maiden Name: Unknown

Mother's Birthplace:

Name of person giving Imformation: Mrs. Hammond

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction of Intestines — How long: 3 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas. H. Ward

Address: Andersontown Md

Accident or Suicide?

1908

LIBRARY BUREAU Ab6516

Name in Full Paul Roser. Certificate of Death

Died at Town Annium Corner, County Carolin MARYLAND

Date 1908. Month 4 Day 30. Age Y. - M. 3 D. - Native of — Occupation —

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Husband of — Wife

Number of children living

Father's Name Jno. Roser. Mother's Name

Cause of Death: Primary Pneumonia 10 days How long sick

Immediate Chronic Lung. Accident Suicide Homicide

Reported by Rev. F. Stuckey

Address Fredericksburg. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Elizabeth Swann

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Ridgely (County) Caroline

Date of death 1905 (Month) April (Day) 5 (Years) Age 38 (Months) (Days)

Sex Female | Color or Race White | Birthplace Md.

Occupation Housewife | Where Residing if not at place of death —

Married, ~~Single or Widowed~~ | Name of ~~Wife~~ or Husband Harry Swann

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Alexander Blake | Father's Birthplace Md.

Mother's Maiden Name Sarah | Mother's Birthplace Md

Name of person giving Imformation Harry Swann | How related to deceased Husband

CAUSES OF DEATH

Primary Diabetes Mellitus | How long 3 Months

Immediate Coma | How long 36 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. C. Madara

Address Ridgely Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Thomas H. Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton; County: Caroline

Date of death 190 5 — Month: April; Day: 22; Age — Years: 35 — Months: — Days: —

Sex: Male; Color or Race: Black; Birthplace: Md

Occupation: Laborer; Where Residing if not at place of death: Same

Married, Single or Widowed: Single; Name of Wife or Husband: None

Father's Name: Jacob A. Taylor; Father's Birthplace: Md

Mother's Maiden Name: Virginia Whiten; Mother's Birthplace: Md

Name of person giving Information: Jacob A Taylor; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: One year

Immediate: Same; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: P. B. Fisher

Address: Denton Md

Accident or Suicide? No

LIBRARY BUREAU A88516